Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 213 974-3333 yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Yes No No No Event Description: Herb: e Date(s) 1 27/18 Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Board of Supervisors Per Ticket Policy 5.3(K) Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

### 4. Verification

I have read and understand FPPC Regulations	18944.1 an	ıd 18942. I have	verified that the	distribution set	forth above,	is in accordance
with the requirements.						

	Yolanda Valadez	Ticket Administrator	1/31/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 213 974-3333 yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \_ 1 \( \sigma \) \( \sigma \) Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Dudame Date(s) -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Per Ticket Policy 5.3(K) Board of Supervisors Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** 4. Verification

I have read and understand FPPC Regulations	18944.1 8	and 18942.	I have	verified that the	distribution se	t forth above,	is in accordance
with the requirements.							

	Yolanda Valadez	Ticket Administrator	1/3/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: \_ 213 974-3333 yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: It 2hal Penlman Date(s) 13/18 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Board of Supervisors Per Ticket Policy 5.3(K) Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification

i nave read and understand FPPC Regulations	: 18944.1 and 18942. I nav	e ventiea that the distribl	ution set forth above, is	s in accordance
with the requirements.				

	Yolanda Valadez	Ticket Administrator	1/31/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp County of Los Angeles Form For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 213 974-3333 yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 95 Does the agency have a ticket policy? Yes⊠ No□ Event Description: 4 Post~ Tikelook Date(s) 12 Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🕅 If no: \_ Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Board of Supervisors Per Ticket Policy 5.3(K) Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Yolanda Valadez Ticket Administrator Agency Head or Designee Print Name

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: -213 974-3333 yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \_68 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: White Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 If no: \_ Was ticket distribution made at the behest Yes ☒ No ☐ If yes: , Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Per Ticket Policy 5.3(K) Board of Supervisors 10 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income | If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes** 

# 4. Verification

I have read and understand FPPC Regulation	ns 18944.1 and 18942. H	have verified that the distribution	on set forth above, is in accordance
with the requirements.			
)			

	Yolanda Valadez	Ticket Administrator	12/25/1-
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 213 974-3333 yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 98 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 12/22/17 Event Description: \_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Was ticket distribution made at the behest Yes No I Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Board of Supervisors Per Ticket Policy 5.3(K) 10 Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) **Passes** 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

$\sqrt{2}$	Yolanda Valadez	Ticket Administrator	12/29/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: \_ 213 974-3333 yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \_\_\_\_\_\_ Does the agency have a ticket policy? Yes⊠ No □ Date(s) 12/16/17 Event Description: Deck Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Per Ticket Policy 5.3(K) Board of Supervisors Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Yolanda Valadez

Print Name

Signature of Agency Head or Designee

Comment:

Ticket Administrator

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: \_ 213 974-3333 yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 140 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Sanething Rotten Date(s) 12/16/17 Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Was ticket distribution made at the behest Yes ☒ No ☐ of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Board of Supervisors Per Ticket Policy 5.3(K) Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

with the requirements. Yolanda Valadez Ticket Administrator Signature of Agency Head or Designee Print Name Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: \_ 213 974-3333 yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 140 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 12, 2, 17 Event Description: \_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Was ticket distribution made at the behest Yes No I Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Board of Supervisors Per Ticket Policy 5.3(K) Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Yolanda Valadez

Print Name

Signature of Agency Head or Designee

Comment:

Ticket Administrator

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: \_ 213 974-3333 yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 30 4 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 11 / 19 / 17 Event Description: Naboca Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☐ No 🗵 Was ticket distribution made at the behest Yes ☒ No ☐ If yes: \_ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Board of Supervisors Per Ticket Policy 5.3(K) Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

47	Yolanda Valadez	Ticket Administrator	12/29/17
Signature of Agency Flead or Designee	Print Name	Title	(month, day, year)
Comment:			

**Agency Report of:** Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: . 213 974-3333 yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Da Yes ☐ No ☒ Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Board of Supervisors Per Ticket Policy 5.3(K) Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Yolanda Valadez Ticket Administrator gency Head or Designee Print Name Title Signature o

### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 213 974-3333 yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 12 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Bright Star Date(s) 11 / 11 / 17 Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🕅 Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Board of Supervisors Per Ticket Policy 5.3(K) Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other 🗌 Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role 🔲 Other Income \_\_\_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes**

## 4. Verification

I have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth above,	is in accordance
with the requirements.				

Q /	Yolanda Valadez	Ticket Administrator	12/29117
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment			

Ceremonial Role Even	ts and Ticket	/Pass Distr	ibutions		A Public Document		
. Agency Name		Date Stamp	California 802				
County of Los Angeles			10.111				
Division, Department, or Reg	Participation of Property and Participation of the		For Official Use Only				
Board of Supervisors, Third							
Designated Agency Contact	(Name,Title)						
Yolanda Valadez, Ticket Ad	∕olanda Valadez, Ticket Administrator			☐ Amendment /A/	flust Provide Explanation in Part 3.)		
Area Code/Phone Number			Amenament (W	iust Frovide Explanation in Part 3.)			
213 974-3333	yvaladez@bos.la	ladez@bos.lacounty.gov			Date of Original Filing:		
Function or Event Infor	mation				(9)		
Does the agency have a tick	ket policy? Ye	s⊠ No□ F	ace Value of I	Each Ticket/Pass	\$ 99.50 · \$129		
Event Description: Wil	Provide Title/Ex	a i the	Date(s)	e Factors			
Ticket(s)/Pass(es) provided	2 50		Fno: Hol	Name of Source	Boul		
Was ticket distribution made of agency official?	at the behest Ye	s⊠ No□ <sup>If</sup>	yes:	Official's Name (Last, F	-irst)		
Recipients							
Recipients • Use Section A to identify the agen	cy's department or unit.	• Use Section B to i	dentify an individ	ual. • Use Section C to	identify an outside organization.		
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes		escribe the public purpose made pursuant to the agency's policy			
Board of Supervisors		24	Per Ticket Po	olicy 5.3(K)			
B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of t	the following:		
			1,000,000,000,000	onial Role Othe ing "Ceremonial Role" or "Othe	Income L		
-	•			onial Role Othe ng "Ceremonial Role" or "Othe	income L		
C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made	pursuant to the agency's policy		
					-		
Verification							
I have read and understand FPI	PC Regulations 100	11 1 and 10010	hava verifical #	not the distability	-1 f - 41 - 1 - 1 - 1		
with the requirements.	C Regulations 169	44.1 anu 10942.1	nave vennea tr	nat the distribution s	et forth above, is in accordance		
6 2	V 1				1		
Signature of Agency Head or Designe		anda Valadez		Ticket Administrat	or 12/29/17		
Signature of Agenta need of Designa	i <del>c</del>	Print Name	21	Title	(month, day, year)		
Comment: (8) \$12	9.50	i (	16) #9	9.50			

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 213 974-3333 yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 3 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Pearl Fish Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Board of Supervisors Per Ticket Policy 5.3(K) Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes** 4. Verification

Yolanda Valadez

Signature of Agency Head or Designee

Yolanda Valadez

Print Name

Title

Title

(month, day, year)

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

with the requirements.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 213 974-3333 yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ . Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Symphonic Fa Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☐ No ☒ Was ticket distribution made at the behest Yes ☒ No ☐ of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Per Ticket Policy 5.3(K) Board of Supervisors Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Yolanda Valadez

Print Name

with the requirements.

Comment:

Signature of Agency Head or Designee

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Ticket Administrator

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: \_ 213 974-3333 yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No□ 6:12 Date(s) 10,25,17 Event Description: Phiannes Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes ☐ No 🗵 Was ticket distribution made at the behest Yes ☒ No ☐ If yes: . of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Board of Supervisors Per Ticket Policy 5.3(K) Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** 4. Verification

I have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth above,	is in accordance
with the requirements.				
. 0				

(a)	Yolanda Valadez	Ticket Administrator	12/29117
Signature of Agancy Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: . 213 974-3333 yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 115 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Head of Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Board of Supervisors Per Ticket Policy 5.3(K) 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes** 4. Verification

Yolanda Valadez

Signature of Agenc Head or Designee

Print Name

Title

(month, day, year)

Comment:

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

with the requirements.